

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011216

Entity Name: NOBLE HEALTH CARE, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

5855 AMERICAN WAY
ORLANDO, FL 32819

New Principal Place of Business:

2151 CONSUULATE DR, UNIT 06
ORLANDO, FL 32837

Current Mailing Address:

5855 AMERICAN WAY
ORLANDO, FL 32819

New Mailing Address:

2151 CONSUULATE DR, UNIT 06
ORLANDO, FL 32837

FEI Number: 20-8344755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREITAS, GUSTAVO
5855 AMERICAN WAY
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

FREITAS, GUSTAVO
2151 CONSUULATE DR, UNIT 06
ORLANDO, FL 32837 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GUSTAVO FREITAS

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FREITAS, GUSTAVO
Address: 5855 AMERICAN WAY
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FREITAS, GUSTAVO
Address: 2151 CONSUULATE DR, UNIT 06
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GUSTAVO FREITAS

MGRM

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date